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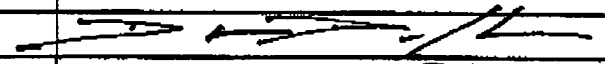
PTO/SB/21 (09-04)

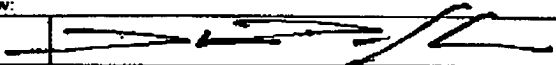
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/812,108
	Filing Date	03/29/2004
	First Named Inventor	DONOVAN, ROBERT L.
	Art Unit	3683
	Examiner Name	BUTLER, DOUGLAS C.
Total Number of Pages in This Submission	Attorney Docket Number	BA/Div App

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Duncan Palmatier		
Signature			
Printed name	DUNCAN PALMATIER		
Date	7 Dec. '04	Reg. No.	40,759

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	DUNCAN PALMATIER	Date	7 Dec. '04

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PTO/SB/17 (11-04)

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Effective on 10/01/2004, Patent fees are subject to annual revision.

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **215.00**

Complete If Known

Application Number	10/812,108
Filing Date	03/29/2004
First Named Inventor	Donovan, Robert
Examiner Name	Butler, Douglas C
Art Unit	3683
Attorney Docket No.	BA/Div App

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order☐ Deposit Account ☐ None
 Deposit Account Number _____
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The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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to the above-identified deposit account.

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FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$)

- 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$)

Subtotal (2) \$


3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	
2-month extension of time	430	215	215
3-month extension of time	980	490	
4-month extension of time	1,330	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	

Other: _____

Subtotal (3) \$ **215.00**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,759	Telephone	208-892-2962
Name (Print/Type)	DUNCAN PALMATIER		Date	Dec. 7, '04	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22312-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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